

# **MARYLAND HEALTH CARE COMMISSION**

## ***UPDATE OF ACTIVITIES***

**July 2005**

### **DATA SYSTEMS & ANALYSIS**

#### **Maryland Trauma Physician Services Fund**

Last month, staff convened a focus group consisting of representatives from trauma physician practices and trauma centers from the Baltimore-Washington metropolitan area. The purpose of the focus group was to discuss current utilization of the Trauma Fund and gather ideas on future enhancements. Attendees agreed that expanding payment for uncompensated care to include services provided for six months after the date of discharge more adequately reflects the normal course of treatment for trauma patients. Staff plans to meet with representatives from Salisbury and Western Maryland in July to explore other long-range ideas for maximizing use of the Fund.

During the month, staff worked with representatives of two large trauma physician practices to test electronic patient data contained in the uncompensated care application using a data validation application. This new application will enable a practice's staff to identify format discrepancies on approximately fifty variables prior to submitting its electronic uncompensated care application. This application will be made available during the next reporting cycle to the staff members of interested trauma physician practices.

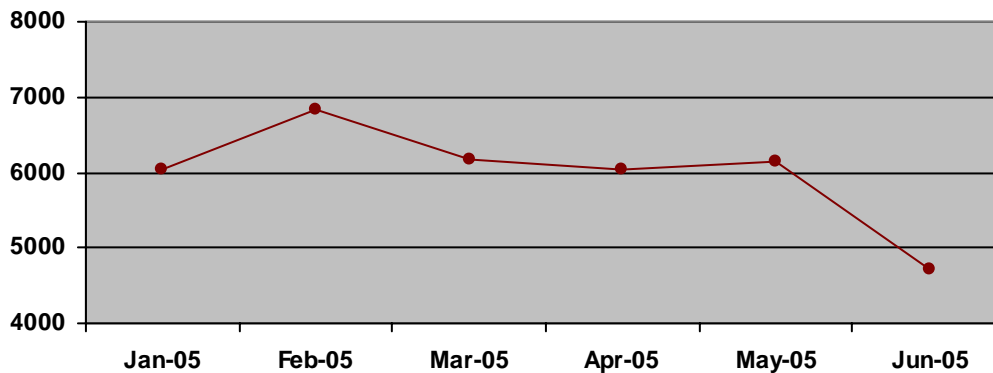
A draft Task Order Request for Proposal (TORFP) for auditing trauma physician practices and centers reimbursed by the Fund was completed in June. The TORFP will be released to public accounting firms that have been previously selected via the Department of Budget and Management (DBM) master order audit contract. The DBM contract vehicle allows other state agencies to award work via an abbreviated contract process. Staff plans to release the TORFP to these organizations in late July and to evaluate responses and make a selection in early August.

#### **Data Base and Application Development**

##### **Access to MHCC Products**

The Commission's website had about 11,500 unique visits during June, which was approximately 25 percent less than the utilization in May. About 41 percent of the visits (6,000) were to the consumer quality utilization sites for HMOs, hospitals, nursing homes, and ambulatory surgery centers. Utilization of all sites trended downward in comparison to the number of visits in May. The highest volume access was to the hospital site, with about 2,900 visits, which was down 23 percent from May. The trend in use of consumer sites shown in Figure 1 presents utilization of the HMO, assisting living, nursing home, and ambulatory surgery sites. The nursing home and assisted living sites each had approximately 500-600 visits. Staff believes that Internet use generally trends downward in the summer months; however, the lack of new consumer information in June probably contributes to the decline.

**Figure 1 -- Use of MHCC Consumer Sites: HMO, Hospital, Nursing Home, Assisted Living, and Ambulatory Surgery**



Approximately 150 providers accessed the Commission's practice management purchasing guide, a document developed by the EDI Work Group that provides evaluation information on purchasing practice management products. A companion product for providers on the major payers' support for HIPAA electronic transactions was accessed by about 100 providers.

#### **Medical Care Data Base (MCDB)**

All thirty payers submitted medical and prescription drug information by the July 5<sup>th</sup> deadline. This is the first year that payers have met the compliance deadline without needing a filing extension. The Commission's educational efforts, coupled with payers' more extensive use of claims data for cost and quality reporting, makes this submission a less difficult process each year.

These data are used to conduct analyses of overall state health care spending, examine utilization of practitioner services, and study growth in prescription drug spending. The staff is also exploring the use of these data for payers' disease-specific quality improvement activities.

The submission requirements have been increasingly targeted to monitor changes in insurance products. In the submission for 2004 data, payers were required to identify services that are covered via consumer-directed products. Although volumes will be small, the initial submission will provide a baseline for future growth.

#### **Ambulatory Surgical Survey**

Last month, staff performed quality checks for completeness on the data base containing this year's 317 ambulatory surgical center surveys. These facilities account for over \$200 million in annual health care spending. The editing process verifies utilization results and provider demographics. A limited number of checks are applied to the financial data. Facility submissions that fail the edit checks must resubmit corrected data.

The Commission has agreed to share utilization information on endoscopy centers with the Centers for Disease Control and Prevention (CDC). CDC will use Maryland endoscopy center utilization data to validate estimates of colonoscopy capacity by state.

### **Release of the Long-term Care Survey**

The Long-term Care Survey will be released on July 25<sup>th</sup>. The survey gathers information on the use of services in approximately 700 nursing homes, assisting living centers, subacute care facilities, and adult day care centers. Descriptive information derived from the survey results is used in the nursing home quality report card, the assisted living utilization guide, and several health planning activities.

### **Internet-Based Re-Licensure Applications**

The Maryland Board of Physicians (MBP) physician licensure renewal application will be released on July 18<sup>th</sup>. The credit card payment function and a modified feature to accept electronic checks using a standard automated clearinghouse transaction has been implemented and tested.

### **Cost and Quality Analysis**

#### **Screening for Diabetic Complications – Assessing Clinical Performance among Physician Practices**

Division staff met with the medical directors for MAMSI (United Health Care) and CareFirst Blue Cross Blue Shield of Maryland to discuss the possibility of building a diabetes quality screening system using MCDB data. Also present at the meeting were the Executive Director of the Network to Improve Quality Health (NICH) – which has a goal of improving the quality of health care delivered – and a representative from Lewin, Inc., who serves as a consultant to the Agency for Healthcare Research and Quality (AHRQ). The payers are interested in either partnering with MHCC because the MCDB contains more patient information than either payer has alone, or having the screening system administered by an independent third-party. The potential diabetic care screening system would initially check for rates of receipt of three screening activities: lab testing for HbA1c measurements and lipid measurements, and retinal eye exams.

Division staff view this project as an opportunity to strengthen the Commission's collaboration with payers and businesses in improving the quality of care received by patients and in the assistance in the development of a clinical performance system that will provide important feedback to physicians. There are several challenges to using the MCDB data to assess clinical performance; however, including the absence of information on beneficiary enrollment dates and the physician practice primarily responsible for a patient's care. Staff are, therefore, developing a "validity of concept" analysis that will determine if it is possible to assess clinical performance in diabetes care using the MCDB, supplemented with some additional information submitted by the payers. The study outline and its data requirements will be presented and discussed at a second meeting of the group to be held in August. The payers will then decide if they want to proceed with the analysis. Funding for the study will also need to be identified.

### **EDI and Payer Programs**

#### **EDI Programs and Payer Compliance**

##### **EDI Initiatives**

Over the last several years, staff has worked closely with dentists to expand EDI activity. The *2004 Dental EDI Guide* was released in June and posted on the Commission's web site. Staff is planning to present on key findings from the *2004 Dental EDI Guide* and some preliminary 2005 trends at the August Maryland Dental Board meeting. This year's findings suggest that dentists are increasing their use of EDI technology.

### **EHN Certification**

Staff advised three electronic health networks (EHNs) interested in obtaining MHCC certification. ClaimsNet, Availity, and Dental Connect are working with staff to complete their applications for MHCC candidacy status. Over the last month, staff continued to provide IDX Systems Corporation with support as it prepares to submit its application in August. Over the last six months, IDX staff have been performing internal systems reviews to assess its readiness to meet EHNAC accreditation and MHCC certification requirements. MHCC has certified nineteen EHNs for operation in Maryland. Four additional EHNs are in candidacy status.

Staff members completed draft modifications to COMAR 10.25.07, Electronic Health Network Certification, and plan to circulate them to stakeholders in July for feedback. These changes are aimed at aligning the regulations with current industry standards. COMAR 10.25.07 grants MHCC the authority and sets forth the requirements for granting certification of EHNs doing business statewide. Final recommendations on enhancements to COMAR 10.25.07 are expected in September.

### **HIPAA Awareness**

Division staff provide HIPAA-related assistance to payers, providers, and health care facilities. Over the last month, staff received approximately fifteen inquiries from payers and providers requesting information on HIPAA. The following list represents leading organizations that requested staff assistance:

- Anne Arundel Medical Center
- Montgomery County Medical Society
- Robinwood Practice Administrators
- Maryland State Dental Association
- Upper Chesapeake Health Systems
- Maryland Podiatric Association

### **E-Scripting Initiative**

EHNAC expects to begin accepting applications from pharmacy networks starting in September. Division staff have begun educating pharmacy networks' representatives on the certification requirements in Maryland. Two pharmacy networks, SureScripts and RxHub, are expected to complete an EHNAC accreditation and MHCC certification application in September. Pharmacy networks will have twelve months from the application date to complete their self-assessment material and schedule an EHNAC site visit.

## **PERFORMANCE AND BENEFITS**

### **Benefits and Analysis**

#### **Small Group Market**

##### **Comprehensive Standard Health Benefit Plan (CSHBP)**

At the May meeting of the Commission, staff presented the findings from the annual carrier financial surveys. Since the average cost of the CSHBP was determined to be above the ten percent affordability cap, the Commission must adopt cost sharing or benefit changes to the program. Throughout the summer and fall, the Commission will develop a process for proposed changes to the Plan, beginning with an educational Work Session held on July 14<sup>th</sup>. The process will continue with meetings of interested parties and public hearings. By the end of the year, the

Commission must adopt changes to the CSHBP so that the regulatory process can be completed and any changes to the Plan can be implemented effective July 1, 2006.

### **Limited Benefit Plan (LBP)**

In 2004, the Maryland General Assembly enacted SB 570, requiring the Commission to develop a Limited Benefit Plan (LBP) that participating carriers could offer to certain small employers beginning July 1, 2005. Along with conducting meetings with interested parties and a public hearing, staff worked with Mercer, its consulting actuary, as well as CareFirst and MAMSI, to develop alternative proposals that meet the statutory requirement of pricing the LBP at 70% of the cost of the CSHBP as of January 1, 2004. The Commission approved the final regulations at its March 2005 meeting. The regulations were implemented effective July 1, 2005. CareFirst and MAMSI, the two carriers required to participate in this program, began offering the capped benefit proposal on July 1, 2005.

### **Website**

Commission staff have developed a website to be used as a guide for small business owners in their search for health insurance for their employees. This "Guide to Purchasing Health Insurance for Small Employers" is available on the Commission's website at: [www.mhcc.state.md.us/smgrpmt/index.htm](http://www.mhcc.state.md.us/smgrpmt/index.htm). Commission staff have also developed a bookmark describing information available on the small group website. This bookmark has been distributed to various interested parties, such as small business associations, Chambers of Commerce, the Maryland legislature, the Department of Labor, Licensing and Regulation, and the Department of Business and Economic Development. As a result of the initial mailing, many of these organizations have requested additional bookmarks to distribute to their constituents.

### **Health Savings Accounts**

In December 2003, Congress passed the Medicare Prescription Drug, Improvement and Modernization Act, authorizing the offering of health savings accounts (HSAs) in conjunction with high deductible health plans. These plans became available to small employers in Maryland effective July 1, 2004 if carriers elect to develop and market them. The CSHBP regulations have been modified to accommodate this offering during the transition period (for contracts sold between July 1, 2004 and December 31, 2004) and may have to be further modified to accommodate additional federal guidelines in the future. Aetna began offering an HSA-compatible PPO product in Maryland's small group market in August 2004.

The National Association of Health Underwriters has added a new section to its website entitled, "Understanding Health Savings Accounts." The link also has been linked to the above-mentioned Commission website for small businesses. (<http://www.nahu.org/consumer/HSAGuide.htm>)

### **Evaluation of Mandated Health Insurance Services (2004)**

Pursuant to the provisions of §15-1501(f)(2) of the Insurance Article, *Annotated Code of Maryland*, Commission staff requested that members of the House Health and Government Operations (HGO) and Senate Finance Committees submit proposals for mandated health insurance services that they would like included in the annual evaluation. One request for review was submitted. As required under current law, the Commission must evaluate all mandates enacted or proposed by the General Assembly and new suggestions submitted by a member of the General Assembly by the July 1<sup>st</sup> deadline. For the 2004 report, three requests for mandate evaluation were submitted by members of the General Assembly: to evaluate wraparound mental health services for children; to evaluate air ambulance services; and to evaluate smoking cessation coverage. The 2004 final report was submitted to the 2005 Maryland General

Assembly and is available on the Commission's website. The HGO and Senate Finance Committees were briefed on this report in January.

## **Facility Quality and Performance**

### **Nursing Home Report Card**

Chapter 382 (SB 740) of 1999 requires the Commission to develop a system to comparatively evaluate the quality of care and performance of nursing facilities. During the month of June, staff presented a status report on the Commission's Long term Care initiatives at the Health Facilities Association of Maryland (HFAM) district membership meetings. Topics presented by the Facility Quality and Performance Division staff included an overview of the nursing home family satisfaction survey, the assisted living web guide, and planned enhancements to the nursing home guide.

### **Nursing Home Patient Satisfaction Survey**

On June 28<sup>th</sup>, Market Decisions and their research partners at the Institute for Health, Health Care Policy and Aging Research at Rutgers University conducted a workshop for Maryland nursing home administrators to provide information on the Commission's goals of the pilot study, background and goals of satisfaction measurement in long term care, and submitting the data. Staff is working with the contractor to make facilities aware of the initiative and to obtain the information necessary to conduct the study.

### **Hospital Report Card**

Chapter 657 (HB 705) of 1999 requires the Commission to develop a performance report on hospitals. The initial version of the Hospital Performance Evaluation Guide was unveiled on January 31, 2002.

### **Redesign and Expansion of the Hospital Guide**

Staff continues to work with the contractor on the website redesign efforts. Staff participated in a design meeting with the web designer to determine structure and flow of the site. In addition, staff reviewed and edited several new content documents for the three targeted audiences in the enhanced web guide. The design document was delivered at the end of June and includes the website development, implementation, and maintenance plans. The Guide prototype will be presented to the Hospital Guide Steering Committee on July 27<sup>th</sup>. Staff also collaborated with the contractor, Delmarva Foundation, on a communications plan for the revised web guide, which was provided for executive approval.

### **Obstetrics Workgroup**

The workgroup was reconvened to consider possible obstetric outcomes measures for inclusion on the website. Reporting procedures conducted in other states were reviewed, as well as potential indicators using the AHRQ Patient Safety Indicators – obstetric related measures, and obstetric patient satisfaction. Staff will continue to review related measures and refine existing measures.

### **Other Activities**

The Facility Quality and Performance Division staff participate in the planning process for a new Health Services Cost Review Commission (HSCRC) Quality Initiative designed to evaluate and recommend a system to provide hospitals with rewards and/or incentives for high quality care. Staff attend the HSCRC Initiation Workgroup meeting on an ongoing basis. The last meeting was held on July 11, 2005, during which the committee agreed on an operational approach for the initiative and key concepts, including the mission, vision, and goals.

## HMO Quality and Performance

### Distribution of 2004 HMO Publications

Cumulative distribution: Publications released 9/27/04	9/27/04 to 6/30/05	
	Paper	Electronic Web
Measuring the Quality of Maryland HMOs and POS Plans: 2004 Consumer Guide (22,000 printed) + (reprint 2,100)= 24,100 copies	23,801	Visitor sessions = 2,476
2004 Comprehensive Performance Report: Commercial HMOs & Their POS Plans in Maryland (600 printed)	600	Visitor sessions = 1,201
Measuring the Quality of Maryland HMOs and POS Plans: 2004 State Employee Guide— 50,000 printed and distributed during open enrollment		

**8<sup>th</sup> Annual Policy Issues Report (2004 Report Series) – Released January 2005; distribution continues until January 2006**

Maryland Commercial HMOs & POS Plans: Policy Issues (900 printed)	609	Visitor Sessions: 444
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### Distribution of Publications

Distribution activity trailed off in June as staff focused on completing the procurement process to select a report development contractor, as well as to engage in closing audit and survey tasks. As typically happens at this time of year, only limited requests were received from employers and consumers. Employer requests consisted of small orders from schools in response to earlier outreach by staff. Materials were also provided for scheduled events sponsored by several organizations: Baltimore Association of Health Underwriters, Maryland Pharmaceutical Foundation, and Delmarva Healthcare Foundation. Passive distribution of the 2004 performance reports remaining in inventory will occur as efforts to notify interested parties about the coming fall release of the 2005 report series will become the objective of this Division's outreach efforts.

Electronic distribution of web-based versions of the HMO performance reports shows visitors to MHCC's website have accessed the reports with the same frequency in 2005 as they did in 2004. On average, requestors download the PDF version of the *Consumer Guide* 245 times per month. Paper distribution, however, has increased 23% compared to this same period last year.

### 2005 Performance Evaluation: HEDIS Audit and CAHPS Survey HEDIS Audit

HealthcareData.com, the HEDIS audit contractor, has completed five of seven deliverables for the 2005 audit season. By the June 17<sup>th</sup> deadline, HDC provided MHCC with rates and audit designations for all measures required by the Commission for plan performance reporting in 2005. This contractor has provided a summary report that shows rates, results, measure reportability, and other key data elements since 2002, which enables earlier review and analysis of material under consideration for each publication.

MHCC staff worked with lead auditors during June to address questions raised from the preliminary data review. Issues under examination include significant changes in eligible populations for several measures and increases of 10 percentage points or greater for final rates as compared to the prior year's rates. While HDC auditors have designated all HEDIS 2005 measure results as reportable for all Maryland plans, Division staff will continue working with the auditors and plans to further validate current information showing the types of significant change described here. Additionally, any results in the 90<sup>th</sup> and 10<sup>th</sup> percentiles will become part of the data examination.

In preparation for 2006 implementation, HDC has signed and returned to the National Committee for Quality Assurance (NCQA) the license agreement to utilize test decks and participate in the test deck software certification process starting July 1, 2005. HDC has entered into this agreement to fulfill its contractual obligations to the Commission to perform specified data validation processes. The NCQA-developed programs (test decks) will be used by plans and auditors to validate programming code used for the purpose of data extraction. Staff has scheduled a series of meetings in response to 2005 audit activity to prepare for the next audit season. Specifically, staff has arranged for an instructional session on the use of test decks to be conducted by HDC on July 25<sup>th</sup>, a debriefing with audit staff on August 1<sup>st</sup>, and finally, a planning meeting to develop guidelines for consistent implementation of validation methods.

#### **Consumer Assessment of Health Plan Study (CAHPS Survey)**

The Myers Group (TMG) concluded survey data preparation in time to meet the May 27<sup>th</sup> deadline for submitting member level results to NCQA for validation and composite rate calculation. Throughout administration of the CAHPS survey, TMG has ensured timely updates by posting password protected status reports on its Website for viewing by MHCC and Maryland plans. Initially, it appeared that the response rate had improved slightly in 2005. In fact, once the data were cleaned of duplicates and invalid responses, the final result shows a continued decline in overall response rate. This year's sample of 8,470 members statewide has an average rate of response for Maryland HMOs of 36.6 percent. This represents a decline of 2.4 percent compared to the 2004 average response rate (39.0 percent).

Staff reviewed, revised, and approved for release in early July, the detailed final reports created by TMG. The plan-specific report provides a summary of individual results. TMG included analyses of results using demographic variables and comparisons to national benchmarks, such as National CAHPS Benchmarking Database (NCBD). This is the first year this type of comprehensive analysis has been performed and included in the plan level report.

#### **National CAHPS Benchmarking Database**

By the July 1 deadline, The Myers Group submitted CAHPS data to the NCBD public database for six of the seven Maryland plans that report their member satisfaction results to MHCC. Historically, the majority of Maryland plans have chosen to submit their data to NCBD. All personal identifiers are removed from the data files before transmitting them.

#### **Report Development Contract--Procurement**

A request for proposal (RFP) for HMO Report Development work for the next contract period (2005 – 2007, with an extension period of one additional year through May 31, 2008) was submitted to the Department of Budget and Management and granted approval for release in May. Bidders submitted their proposals by June 10<sup>th</sup> for review by the evaluation committee. After a series of three meetings, the committee selected and recommended NCQA for contract award.



## HEALTH RESOURCES

### **Certificate of Need**

Staff issued twelve determinations of non-coverage by Certificate of Need (CON) review during June.

The following hospital projects received determinations of non-coverage by CON review for proposed capital expenditure projects pursuant to their pledge not to raise rates: St. Joseph Medical Center in Baltimore County, for the renovation and upgrade of its Neonatal Intensive Care Unit; and St. Mary's Hospital in St. Mary's County, for renovations to its second floor Behavioral Health Unit.

In addition, Shady Grove Adventist Hospital in Montgomery County received a determination of non-coverage by CON review to establish a free-standing medical facility pilot project in Germantown, pursuant to the provisions of a new law providing that such a facility, established as a pilot project, does not require a CON.

Corsica Hills Center, a nursing facility in Queen Anne's County also received a determination of non-coverage by CON review for a renovation project whose capital cost is below the current threshold of \$1.65 million.

Determinations of non-coverage by CON review were also issued to Cuppett & Weeks Nursing Center, for its acquisition by Mid Atlantic Nursing Home of Western Maryland, LLC, and to Devlin Manor, to relicense ten of twenty temporarily delicensed comprehensive care facility (CCF) beds. Both facilities are in Allegany County.

Armacost Nursing Home of Baltimore County received a determination of non-coverage by CON review for the sale of fifteen temporarily delicensed comprehensive care facility (CCF) beds to Lorien-Mays Chapel, a new CCF facility currently under construction, for the temporary delicensure of twenty-one CCF beds, and for the temporary closure of the facility.

A determination of non-coverage by CON review was issued to Charlestown Home Health Agency of Baltimore County enabling it to seek separate Medicare provider numbers for its branches that serve three continuing care retirement communities (CCRCs): Charlestown, Oak Crest, and Riderwood.

St. Thomas More Nursing and Rehab Center in Prince George's County received a non-coverage determination for the addition of ten waiver beds to the facility.

Other determinations of non-coverage by CON review were issued to Frederick OB/GYN Ambulatory Surgery Center, for the establishment of an ambulatory surgery center with one non-sterile procedure room; to Greenbelt Surgery Center, Inc. in Prince George's County, for the addition of surgeons to the medical staff and the addition of neurosurgery, orthopedics, and general surgery to the services provided at the center; and to RTI Surgery Center in Montgomery County, for a name change of the facility to Silver Spring Surgery Center, LLC and the addition of Renny Griffith, M.D. as an owner.

The Certificate of Need Task Force, chaired by Commissioner Robert E. Nicolay, met on June 23, 2005 in the Commission's offices at 4160 Patterson Avenue, Conference Room 100, Baltimore, Maryland.

### **Acute and Ambulatory Care Services**

The annual process of determining the number of licensed beds for Maryland's acute general hospitals is complete. Through this process, these hospitals change their licensed acute care bed capacity as of July 1, 2005 for fiscal year 2006. The number of licensed acute inpatient beds has increased from 10,321 last year to 10,323 for the upcoming year. Licensed beds have not changed materially because statewide, average daily census has also not changed significantly. Since 2000, Maryland law has required annual recalculation of all acute care hospitals' licensed capacity, based on their previous year's average daily census. Every hospital's licensed capacity is equal to 140% of its average daily census for the previous twelve month period ending March 31<sup>st</sup>. Within that number, hospitals are required to designate the number of beds for each acute care service. The resulting licensed bed capacity serves as the single, official source of acute care hospital bed inventory for the state.

Holy Cross Hospital submits monthly reports to the Commission on the status of its construction project pursuant to the March 2004 approval of the modification to the hospital's Certificate of Need. The purpose of these reports is to advise the Commission about any potential changes to the terms of the modified CON, including changes in physical plant design, construction schedule, capital costs, and financing mechanisms. The hospital's July 2005 update reports no changes to the project cost, the design, or the financing of this project. The project is on schedule. The last phase of the project, the addition of a new front to the hospital, is underway, and scheduled for completion in November of this year.

### **Long Term Care and Mental Health Services**

At the request of the Health Facilities Association of Maryland (HFAM), staff from the Long Term Care Division, along with staff from Performance and Benefits, made a presentation at the HFAM's regional meetings. HFAM is a long term care association that represents nursing homes, assisted living providers, and continuing care retirement communities. These presentations focused on an update of activities in planning and long term care, including the CON Task Force, updated bed need projections, an updated occupancy report, and the Long Term Care Chartbook.

Work has been completed on the Chartbook for long term care. This year's Chartbook, entitled "Long Term Care in Maryland: A Pocket Chartbook, 2005" contains updated tables and graphs that show trends in Maryland long term care utilization and also compare Maryland data with national data. Topics covered include: aging of Maryland's baby boom population, percent of Maryland's elderly in nursing homes, dependency in various activities of daily living (ADLs), trends in average length of stay, trends in occupancy, and facility characteristics. For the first time, this Chartbook was developed in pocket form to make it readily accessible as a reference source. The Chartbook will be distributed at the July 21<sup>st</sup> Commission meeting.

Members of the Long Term Care Division served as a resource to the Commission's Nursing Home Family Satisfaction Workshop held on June 28, 2005. The purpose of this Workshop was for the Commission's contractors, Market Decisions and the Institute for Health, Health Care Policy, and Aging Research at Rutgers University, to present their approach to assessing family

satisfaction with nursing home care. The audience consisted primarily of representatives of Maryland nursing homes. The goal was to explain the process and timetable for conducting this research to representatives from Maryland nursing homes.

Staff of the Long Term Care Division will represent the Commission at the Office of Health Care Quality's (OHCQ) Assisted Living Forum on July 13, 2005. The purpose of this meeting is to update the participating agencies on recent legislation and upcoming efforts in the assisted living area for the coming year.

### **Specialized Health Care Services**

The State Health Plan for Cardiac Surgery and Percutaneous Coronary Intervention (PCI) Services (COMAR 10.24.17) requires a hospital receiving a primary PCI waiver from the Commission to agree to collect and report complete and accurate demographic, clinical, process, and outcome data for primary PCI patients on a schedule and in a format specified by the Commission. The Commission established the Primary PCI Data Work Group to develop recommendations related to the collection and reporting of data required by COMAR 10.24.17. The Commission's staff has prepared a draft report based upon direction from David O. Williams, M.D., Chairman of the Primary PCI Data Work Group. The draft will be forwarded to committee members for their review and comment, after which the work group will submit its final recommendations.

On April 19, 2005, the Research Proposal Review Committee met at the BWI Marriott to consider the non-primary PCI proposal submitted by Thomas Aversano, M.D. and colleagues. The Commission appointed the committee to provide advice to the Commission on the proposed study, which requires a waiver under the State Health Plan (COMAR 10.24.17). Thomas J. Ryan, M.D., Chairman of the Research Proposal Review Committee, presided over the meeting, which was open to the public. Based upon direction from the chairman, the Commission's staff prepared a summary of the meeting and a draft report, which were forwarded to committee members for their review and comment. Comments from individual members were submitted by June 30th. The Commission's Executive Director will consider the advice of the Research Proposal Review Committee in preparing a recommendation to the Commission to issue or deny issuance of a waiver to the proposed study in its current form.